

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 SHIRLINGTON ROAD, SUITE 930

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325076

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

02

01

2016

02

29

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer

Dorie Velezis

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

03

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 02 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 02 / 29 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2016		359098.56
(b) Cash on Hand at Beginning of Reporting Period.....	336487.53	
(c) Total Receipts (from Line 19) .....	14186.85	29390.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	350674.38	388489.37
7. Total Disbursements (from Line 31) .....	17514.63	55329.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	333159.75	333159.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6643.29	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6822.00

7672.00

(ii) Unitemized .....

7359.71

9014.39

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14181.71

16686.39

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

14181.71

16686.39

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.14

12704.42

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

14186.85

29390.81

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

14186.85

29390.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17514.63	52329.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17514.63	52329.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17514.63	55329.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17514.63	55329.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14181.71	16686.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14181.71	16686.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	17514.63	52329.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	17514.63	52329.62

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

<b>A. KATHLEEN ECHELBARGER</b> Full Name (Last, First, Middle Initial) Mailing Address 620 SUNSET AVE N City EDMONDS State WA Zip Code 98020 FEC ID number of contributing federal political committee. C Name of Employer SELF Occupation HOMEMAKER Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2016 <b>Transaction ID : SA11AI.17179</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>B. MR CRAIG W EGLOFF</b> Full Name (Last, First, Middle Initial) Mailing Address 27001 HIGHWAY 128 City YORKVILLE State CA Zip Code 95494 FEC ID number of contributing federal political committee. C Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2016 <b>Transaction ID : SA11AI.17174</b> Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>C. MR DALE HEDRICK</b> Full Name (Last, First, Middle Initial) Mailing Address 2200 CENTRE PARK WEST DR STE 100 City WEST PALM BEACH State FL Zip Code 33409 FEC ID number of contributing federal political committee. C Name of Employer HEDRICK BROTHERS Occupation GENERAL CONTRACTOR Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2016 <b>Transaction ID : SA11AI.17020</b> Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		5450.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.17179  
0111888-0000197

Form/Schedule: SA11AI  
Transaction ID: SA11AI.17174  
0101847-0000191

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.17020

0047814-0000043

Form/Schedule:

Transaction ID:



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. MR JAMES J KAZMIERZAK**

Mailing Address 11808 EAGLE VIEW CT

City

FORT WAYNE

State

IN

Zip Code

46814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.17060

Amount of Each Receipt this Period

122.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOCELYN MANULLANG**

Mailing Address 8303 121ST AVE SE

City

NEWCASTLE

State

WA

Zip Code

98056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER/HOMESCHOOLING PARENT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 03 / 2016

Transaction ID : SA11AI.17180

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Mr. BRIAN R PARKER**

Mailing Address 2514 MEADOW DR

City

ZEELAND

State

MI

Zip Code

49464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENTEX

Occupation

ENGINEER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 18 / 2016

Transaction ID : SA11AI.17067

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

822.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.17060  
0111250-0000080

Form/Schedule: SA11AI  
Transaction ID: SA11AI.17180  
0107670-0000199

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.17067

0021018-0000086

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. MR JAMES S PHILLIPS**

Mailing Address 1476 KELSO BLVD

City

WINDERMERE

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CERTI-FINE FRUIT CO.- INC.

Occupation

CITRUS GROWER

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2016

**Transaction ID : SA11AI.17026**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR JIM M WEISERT**

Mailing Address 6535 E SANTA AURELIA

City

TUCSON

State

AZ

Zip Code

85715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROVIDENCE THREE

Occupation

SELF EMPLOYED

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : SA11AI.17138**

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

6822.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.17026

0011922-0000050

Form/Schedule: SA11AI

Transaction ID: SA11AI.17138

0104406-0000155

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## CAMPAIGN FOR WORKING FAMILIES

## A. AMERICAN VALUES

Date of Disbursement

Transaction ID : SB21B.17200

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1066.68

 Memo Item

## B. GARY BAUER

Date of Disbursement

M M / D D / Y Y Y Y  
02 26 2016

Transaction ID : SB21B.17204

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

6750.00

Memo Item

### C. BB&T

Date of Disbursement

Transaction ID : SB21B.17190

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

93.78

 Memo Item

7910.46

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## CAMPAIGN FOR WORKING FAMILIES

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. LPS**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2016
**Transaction ID : SB21B.17206**

Amount of Each Disbursement this Period

505.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LPS**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2016
**Transaction ID : SB21B.17209**

Amount of Each Disbursement this Period

16.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL MOELLER**

Mailing Address 2800 S SHIRLINGTON RD #930

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
TRAVEL REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2016
**Transaction ID : SB21B.17196**

Amount of Each Disbursement this Period

27.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

549.75





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## CAMPAIGN FOR WORKING FAMILIES

### A. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City	State	Zip Code
CULPEPER	VA	22701

Purpose of Disbursement  
PAC CONSULTING WEBSITE SUPPORT

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.17192

Amount of Each Disbursement this Period

500.00

 Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City	State	Zip Code
CHANTILLY	VA	20151

Purpose of Disbursement	PAC CAGING AND DATA ENTRY SERVICES
-------------------------	------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.17205

Amount of Each Disbursement this Period

493.78

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

993.78

17279.87

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AMERICA DIRECT**

Nature of Debt (Purpose):

**PAC DIRECT MAIL PRODUCTION**

Mailing Address 1272 CORPORATE PARK DR

City State

FOREST

Zip Code

VA

24511

Outstanding Balance Beginning This Period

2955.31

Transaction ID : SD10.4357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2955.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DIRECTECH**

Nature of Debt (Purpose):

**CAGING AND DATA PROCESSING  
SERVICES**

Mailing Address 8595 GROVEMONT CIRCLE

City State

GAITHERSBURG

Zip Code

MD

20877

Outstanding Balance Beginning This Period

223.11

Transaction ID : SD10.4359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City  
FAIRFAXState  
VAZip Code  
22031

Outstanding Balance Beginning This Period

505.46

Transaction ID : SD10.16965

Amount Incurred This Period

0.00

Payment This Period

505.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3178.42

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.17208**

Amount Incurred This Period

16.73

Payment This Period

16.73

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LPS**

Nature of Debt (Purpose):

**PAC DATA PROCESSING SERVICES**

Mailing Address P.O. BOX 2325

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.17213**

Amount Incurred This Period

618.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

618.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MWM DIRECT MARKETING SERVICES**

Nature of Debt (Purpose):

**PAC DIRECT MAIL**

Mailing Address 8048 HILLRISE COURT

City

ELKRIDGE

State

MD

Zip Code

21075

Outstanding Balance Beginning This Period

2320.90

**Transaction ID : SD10.4361**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

2939.37

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**STEPHENSON PRINTING INC**Nature of Debt (Purpose):  
DIRECT MAIL POSTAGE

Mailing Address 5731 GENERAL WASHINGTON DRIVE

City State

ALEXANDRIA

Zip Code

VA 22312

Outstanding Balance Beginning This Period

0.30

Transaction ID : SD10.16859

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WASHINGTON INTELLIGENCE BUREAU**Nature of Debt (Purpose):  
PAC CAGING AND DATA ENTRY SERVICES

Mailing Address 4128 PEPSI PLACE

City State

CHANTILLY

Zip Code

VA 20151

Outstanding Balance Beginning This Period

493.78

Transaction ID : SD10.16967

Amount Incurred This Period

0.00

Payment This Period

493.78

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WASHINGTON INTELLIGENCE BUREAU**Nature of Debt (Purpose):  
PAC CAGING AND DATA ENTRY SERVICES

Mailing Address 4128 PEPSI PLACE

City State

CHANTILLY

Zip Code

VA 20151

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17215

Amount Incurred This Period

525.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

525.50

2) **TOTALS** This Period (last page this line number only)..... ►

6643.29

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

6643.29